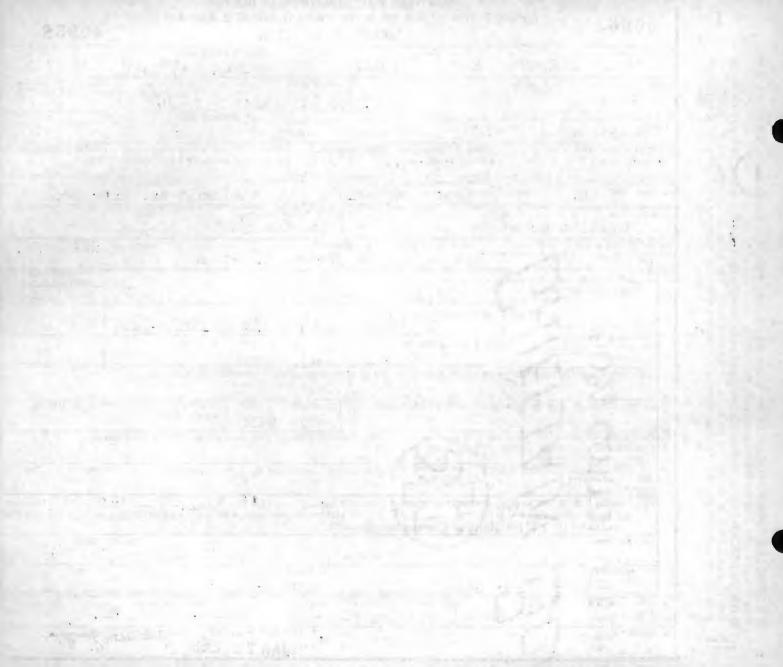
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00957 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) January 9. please remave carban papers. Pages: 1 and 1, and in any event, within 72 hours after deat Emory Blake 1:30% James S. DATE OF RIRTH 6. AGE (In years IF UNDER 24 HRS. 3. SEX 4 RACE IF UNDER 1 YEAR campletely filled in by the f Male last birthday) Negro MONTHS HOURS May 25, 189 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED STENEVER MARRIED (COUNTRY) Maryland US WIDOWED [DIVORCED Kent Co.. IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Rent & Queen Anne's Hospital Farm Laborer INDUSTRY Chestertown 13a. USUAL RESIDENCE (Where deceased fived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed 13b. COUNTY Rt. #3 YES NO K Maryland Kent Chestertown 14. FATHER'S NAME Middle Middle Last 1S. MOTHER'S MAIDEN NAME First ond William requires that the death certificate be Blake. Henry Matilda Mary Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes no, or unknown) (If yes give war ar detes of service) burial, crematian, ar remayal, Hospital Records Chestertown, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONGESTIVE HEART FAILURE 2 WEEKS SEVERAL TENSIVE CARDIO-VASCULAR DISEASE signed by the burial-transit Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) HYSEMA be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO DE YES [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at work 220. I certify that ((1) (this hospital) ottended the deceased from Jan. 4 , 1969, to Jan. 9 , 1969, that (1) (we) last sow the deceased alive an Jan 9 19 69, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Jorge Oteiza, M.D. Chestertown, Maryland 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) 13 11969 AddWAYC MESTER/ONN MAPLE CEM 24. FUNERAL DIRECTOR GESTERTON NIME

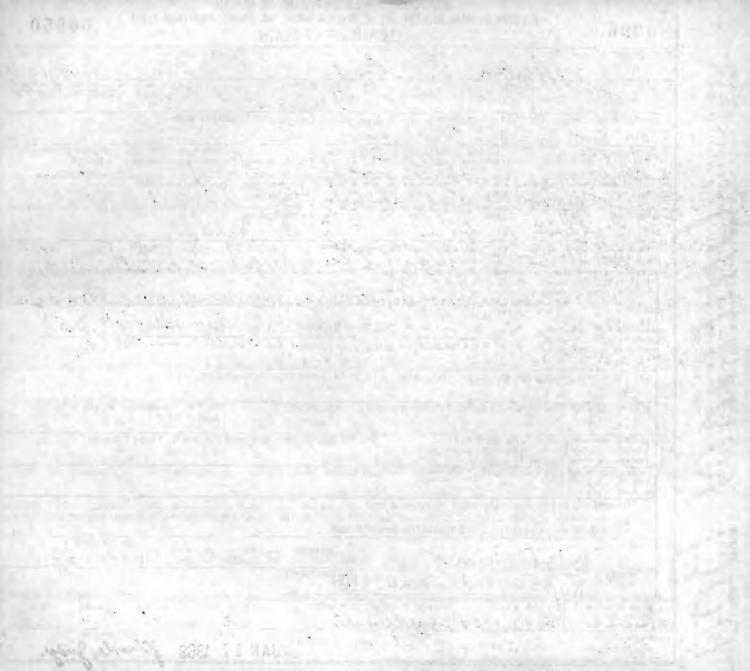
MAKILAND STATE DEPARTMENT OF HEALTH

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MAKTLAND STATE DEPARTMENT OF HEALTH



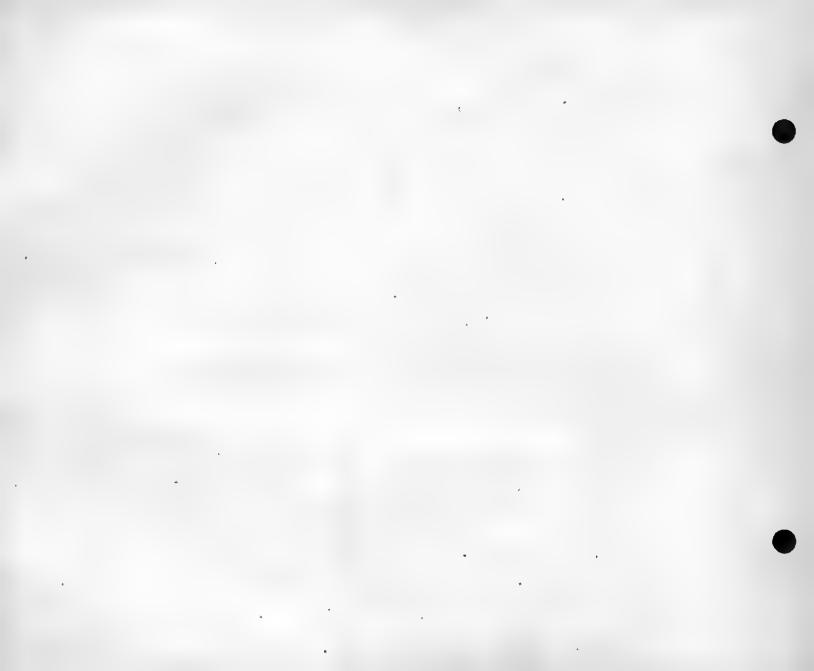
	DECEASED-NAME (Type or print)	First		Middle	CERTIFICATE O		2a. DATE OF DEATH	Dny	Year
		Mary		Gleaves	Christ		January	Day	1º969
	SEX		4. RACE		S. DATE OF		6. AGE (In year last birthday 93		FUNDER I YEAR IF UN
1	Female		Colorec	1		mber, 20,		YRS.	
	BIRTHPLACE (Stote unity) Md.	or foreign	7b. CITIZEN OF WHA		8. MARRIED NEVER M WIDOWED DIV	ARRIED 9.	COUNTY OF DEATH Kent		
	CITY OR TOWN OF	Rural	11. NA		STITUTION (If not in hospita	12a. USUAL (during mast Hous	OCCUPATION (Kind of work of warking life, even if re BEWOTK	done tired.)	12b. KIND OF BUSIN INDUSTRY Home
130	. USUAL RESIDENCE	(Where decea	13b. COUNTY	on: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS YES NO	13e. STREET AND NUM		
14.	FATHER'S NAME	First	Middle	Last	1S. MOTHER'S	MAIDEN NAME First		iddle	Lo
L		Samuel		Caulk		Mini			Unknown
16	a. WAS DECEASED EN Yes, no, or unknown	/ER IN U.S. AR) {If yes give	MED FORCES? wor or dates of service)	16b. SOCIAL SECURITY		1 Tabua		dress	M-3 - 910
-						len Johns		Tena,	Md. 216
1	11B. CAUSE OF D	EATH (Enter of	nly one cause per line	e for (a), (b), and (c).)				STRUCTU GUICE I
1	PART 1. DEA	TH WAS CAUSE	ED BY:	rterios	clerotic F	leart Di	sease		DETWEEN ONSET A
	4/2 Conditions, if one rise to immedia	which gave	DUE TO, OR AS	Arterios A consequence of A consequence of	clerotic F	leart Di	.sease		Aegi
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1.		EASED-NAME First		Middle		Last		2a DA	TE OF DEATH			2b HOUR P
	(T ₎	pe or print) William		Owen	C3:	ark			Month Jan.	Dqy T	1969	9:00 M
3.	SE)		4. RACE			S. DATE OF BI	RTH		6. AGE (In year			IF UNDER 24 HRS
		Male.	TAF	nite		6-18-	1902		last birthday)	YRS. MON	THS QAYS	HOURS MIN
		RTHPLACE (State or foreign /		VHAT COUNTRY?	8 MARRIEN	HA NEVER MAR		9 COUNT	Y OF DEATH	71137		
C	ouni	Rock Hall, Md.	U. S	5. A.	WIDOWED	-circula	RCED [Kent	ե			Md.
JR.	0. CI	Y OR TOWN OF DEATH	11	NAME OF HOSPITAL OR IN				JAL OCCUPA	ATION (Kind of work o		2b KIND OF B	USINESS OR
4		Chestertown	1	street oddress) Kent	& Que	en Anne	s Host	nost of wo	rking life, even if setir Pocer	ed.)	NDUSTRY S1	tore
13	30. l	ISUAL RES DENCE (Where deceased	ved, if institu	ution: Residence before	13c CITY O	R TOWN	13d JINSIDE CITY	LIMITS? 13	30 STREET AND NUMBE		***	
Mar Oil	CHTHS	sion) STATE Maryland	13b. COUNTY	Kent	Rock	Hall.	AE2	10 🗀				
1	4 F/	THER'S NAME First	Middle	Last	j	S MOTHER S MA	AIDEN NAME	First	Midd	lle		Last
		William	?	Clark			Ber	tha	Fr	ances	Wha	land
1		WAS DECEASED EVER IN U.S. ARMEI	D FORCES? or dates of service)	16b. SOCIAL SECURITY	NO. 17	INFORMANT			Addre	955		
Ŀ		Vo		220-32-11		Hospit	al Rec	ords			TARAS C	LTE INTERVAL
	1	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED)	one cause per	ne for (a), (b), and (c)	11/2	4					BETWEEN ON	SET AND DEATH
	1	/ IMMEDIATE	CAUSE (a)	EREBRAL	VAS	CULA	214	CCIL	DENT		703	2ys
- 1		er barrier (DUE TO, OR	AS A CONSEQUENCE OF							211	
		Conditions, if any, which gove prise to immediate couse (o), ((b)		181	15/0 A	/				29	CARS
	-1	stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF								
	- 1	ast)	(c)	Origina To Delita har a			Diction DO	COUNTING	Allert in Baby to b			
\perp	-	PART 2 OTHER SIGNIFICANT COND	ILION2 CONTRIB	UTING TO DEATH BUT N	OF RELATED I	O THE TERMINA	L DISEASE OK	CONDITION	GIVEN IN PART I(0)			
	<u> </u>	90 DATE OF OPERATION 1196. CO	NOTION FOR W	HICH OPERATION WAS PE	PENDMEN	20a AUTO	CY2	. 2	Ob. IF YES, WERE FINDI	NGS CONSI	DERED IN CER	TIFYING
	CERTIFICATION	TO UNITED TO ELONION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, iti otta ge	YES		/ 1	AUSES OF DEATH?	1103 601131	DENER III GEN	
		1 210. ACCIDENT WAS UNDERLYING	21b TIME	OF INJURY	121c				f injury in Part 1 or Po	art 2, Item	18.)	
	₹ l	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M	. Month Day Year			,			,	,	
		21d N. URY OCCURRED 21e. P	LACE OF INJURY	/ AT HOME, FARM STREET FA		OCATION Stree	et or R.F.D. N	0.	City or Town	C	ounty	State
н		While Nat while at work		OFFICE BUILDING ETC.	1							
		22a I certify that (1) (this saw the deceased aliv	haspital) at	tended the deceas	ed fram_	1-13-	, 194	69_, to	1-21	, 196	4, that	(We) last
	1	saw the deceased aliv	/e an	- 2/-	19 <u>67</u> , ar	nd that in m) (aur) ap	sinian de	ath accurred an th	ne date à	ind haur a	nd from the
1	ŀ	22b. SIGNATURE	(We) (ala) (ala har) view the	υσαγ αττει	Beuin.				22c. DATE	SIGNED	
	-	220. SIGNATURE TORK	Me	-i.a	DEG	REE PHYS	VG Z	MED DIRECTOR	STAFF D	/	22-	69
-	ŀ	22d. PHYSICIAN'S		<i></i>	010	22e. ADD		DIRECTOR	- FRIS			
1	1	NAME (Type)	Oteina	м п		Ch	estert	own.	Md.			
2	30.	BURIAD CREMATION, 236 DA	TE / -	23c NAME OF	CEMETERY OF		2		CATION (Gity on Town)	170	(ounty) 4	(Stote)
	F	STOPPAL //2	4/69	Mesla	y Ch	apel	1	Roc	RHall	ten	t	mo.
2	4	WINEBAL DIRECTOR	1 131	A APPRES	77 on	-	25a. REC'D		PAR 2Sb. REGIST	RAR'S SICI	NATURE	32.
	6	agard dan	e ch	urch Hell	1/11	de -	DATE A	128	1969	ATT 91 (J	10	,



1	MARYLAND STATE DEPARTMENT OF HEALTH	10000
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10963
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	1. DECEASED NAME First Middle Lost So DATE KNOWNED Month DE (Type or Print) ULYSSES GRANT LITORY JR. 20 DATE KNOWNED Month DE CONTROL OF ESTI DEATH MATED THE PRINT DE LOST	
-	3 SEX A PACE S DATE OF RIPTH 16 AGE (IN MARK) IF UNDER 1 YEAR F IF UNDER 24 MRS 22 DATE DEPONDULINGED DEAD	2d HOUR
	Male Colored June 24, 1949 19 yrs Months DAYS HOURS MIN Month Jan Day 27	Year 1969 9:15P
	76 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
L	COUNTRY) Md. USA WIDOWED DIVORCED Kent	Md
5		b KIND OF BUSINESS OR
/ -		od processing
4	130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c (ITY OR TOWN 13d MAIDE CITY CHRIST? 13e. STREET AND NUMBER 13b COUNTY Kent Chestertown YES 13c STREET AND NUMBER 230 Cannon	Street
1	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Ulysses Emory CATHER: NE	lost
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	ertown, Md.
	(Yes, no, or unknown) (If yes give wor or dates of service) YES Hospital emerginary room records	
Ì	18 CAUSE OF DEATH (Enter only one cause per nne for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	MMMEDIATE CAUSE (0) Severe injuries to right chest with multiple rid	
	Conditions, if ony, which gove) Due To, or as a consequence of the more thorax	45 minutes
	rise to immediate couse (o). (b) Stating the underlying couse COUSE TO, OR AS A CONSEQUENCE OF	
	lost Aptomobile accident	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
1	Z IN DAY OF DAYATON DAY CONDITION OF DAYON	_
		20. AUTOPSY?
	WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Hem.	YES NO
		into dp dtch
1	2) In N. IRV OFCHERED 121a PLACE OF IN-HIRV 64th home form stead 121f LOCATION Street or P.E.D. kn. C.tv.or. Town	County State
	to the total the terms of the t	ent 1.d.
	22a certify that I taak charge at the remains described above, held an Autapsy , Inspection 🙀 Inquiry	and n my apinian
	death resulted fram Natural causes , Accident Suicide , Hamicide , Undetermined manner	
	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
	SIGNATURE M.D. ASSISTANT MED CAL EXAMINER 1	NED 7/69
l	EXAMINER'S NAME (Type) Robert W. Ferr ADDRESS(Street, city, town, or count the stertown	
=	23g BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	
	Bur May (Specify) 2/1/1969 Janes Methodist Cem. Chestertown, K	ent Md.
}	24 FUNERAD DIRECTOR ADDRESS 250 REGISTRAR 256 REGISTRAR 5 SIG DATAN 3 0 1969 Price Plane	d'h
L	OTTES PET POMITY ING. INMINITY 1 1000 1.	0 0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30963 CERTIFICATE OF DEATH 34964 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR death. bud (Type or print) Month 30 169Year Edward Temple Jan 2:30A Freeman 4. RACE S. DATE OF BIRTH IF LINDER 24 HRS 3. SEX IF UNDER I YEAR 6. AGE (In years last birthday) Male Aug 23, 1876 Caucasi an 7o BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TI NEVER MARRIED (duntry) Delaware Kenton WIDOWED KX DIVORCED [Kent Co., Chestertown 18 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Kent & Queen Anne's Hospital FARMER Chestertown, Md. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached for use as the burial-transit permit. Then please remove cárb should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LINUTS? requires that the death certificate be executed 13b. COUNTY NO X YES 🗀 Worton Maryland Kent 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First M'ddle Last John Wesley Freeman Martha Boggs 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. ar unknawn) (If yes give war or dates of service) RECOR DS 220-32-8705 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 149 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🖂 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from Jan 28 , 1969 , to Jan 30 , 1969 , that (I) (we) last saw the deceased glive an Jan 30 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) A. C. Dick, M.D. Chestertown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230. BURIAL CREMATION 23b. DATE (County) CHESTERTOWN CHESTERVILLE KENT MD **ADDRESS** FUNERAL DIRECTOR 2So. REC'D BY_REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

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	the this detre			t wark at work							
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	ERA ERA ERA Jur, F	4	l	NAME (Type) Rober	t W. Farr,	M.D.	•	HEXXXXXX	ertown T, Maryland		
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	·		24.	WERAL DIRECTOR	1. 01	ADDRESS		25a RECD BY REC	SISTRAR 256 REGISTRAR	R S SIGNATURE	4.00
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,		MARYLAND STATE DEPARTMENT OF HEALTH 36972 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	П	Item#11, FilmG409 1/31/69 km CERTIFICATE OF DEATH	966
£ _2 £		DECEASED NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
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Pours Burs	7a. !	BIRTHPLACE (State or Fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MAPPIED TO NEVER MAPPIED TO 9. COUNTY OF DEATH	
	เตขเ	Maryland U. S. A. WIDOWED DIVORCED Kent	Md.
within 2	10. (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of work in the parent if retired.) 12. USUAL OCCUPATION (Kind of work done during most of work in the parent if retired.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done	ND OF BUSINESS OR TRY Home
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and conditionally fled in by the should be detached far use as the burial-transit permit. Then please remove caroonises as the burial-transit permit. Then please remove caroonises as the hours if the State Dept. of Health priar to burial, crematian, or removal, and in any event, which the burial conditions are second to be attended to the state Dept. of Health priar to burial, crematian, or removal, and in any event, which is the conditions.	13e adm	d USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN mission) STATE Maryland 13b. COUNTY Kent Worton 13d INSIDE CITY .IMITS? 13e STREET AND NUMBER None	
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the the detector of the detect	L	at work at work	
DINA I by Affer I be		220. I certify that (I) (this hospital) attended the deceased from 3 - 3/ , 1962 to 1-64 , 1969, saw the deceased olive an 1-10 1969, and that in (my) (our) opinion death occurred on the date and h	that (I) (we) lost nour and from the
O.S.:		couses stated above, (I) (we) (did) (did not) view the body after death.	
OR A. DIRECT BIRECT BE BE 3 St Bed with		22b. SIGNATURE 22b. SIGNATURE DEGREE ATTENDING ALD STAFF DIRECTOR PHYS. 22c DATE SIGNI	1-69
AL O AL D Page e file		22d PHYSICIAN'S 22e ADDRESS	
VER H		NAME (Type) A. C. Dick M.D. Chestertown, Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 should be detached far use as the burial-transit permit. Then please remoshauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any	23a.	236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County Present County Still Pond, Kent	t, Md.
VRAISER	24	FUNERAL DIRECTOR ADDRESS 250. RECORD REGISTION 255. REGISTRAC'S SIGNATURE TO THE PROPERTY OF T	Judge :
30M REV VILLEY		Victor N. Kennedy Still Pond. Md. loan	1 1



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al a la far far Hec		OR CONTRIBLTING CAUSE OF CEAT	HOUR A.M Manth Day Year		MADEL OCCURRED (EII	rei natore ai inț	ory in ross i di ross.	z, nem 16.j	
SSTC Ispit ertified ied i. of	MEDICAL	(If either, natify medical examin 21d INJURY OCCURRED 21e	DEACE OF INVESTMENT AND HOME FARM STREET FO	KILIDBA J. STE TOCK	TION Street or RED A	da Cid	y or Tawn	Caunty	State
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OR De rod w		-Thr.	mas Island	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF D	1/12/69)
AL D		22d PHYSICIAN S	7105 7 2000		22e. ADDRESS			7 - 7 -	
SPIT A m d be	L	NAME (Type) Thou			Chester	town, M	laryland_		
FEST V	23a	BURIAL (REMATION, 236 C	DATE 23c NAME OF	CEMETERY OR CE	EMAJORY -/	23d LOCAT	ION (City or Town)	(Caunty)	(State)
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Meddle Last 2a DATE KNOWN Month Day Year 2b HOUR
of ge	(Type or Print) Irono Emma MacCubbin OF ESTI- DEATH MATED 1 29 69 73 M
and 3 to M3. Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d MOUR
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n Phy	70. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH
5 2 3	COUNTRY)Baltimere USA WIDOWED X DIVORCED Kent
Pages with To	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	Chostortown Ken give street poddes Lie on Anne Hosp. during most of working life, even if refired in the life of t
© × 0 × 0	13a USLA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN admission) STATE 11d. 13b. COUNTY Kent Galena YES NOT
hours litem 1 Office 1 and 2 after d	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	William T. Joynes Mary Gunter
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of sentice) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21635
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d "p Thie rans	Conditions, if only, which gave (b) Called son about 4:00 A.M. & felt nauscated.
should be e e word "per o the Chiet I vuriol-transit in ony even	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF Wis restless. Taken to Kent and Queen
he sh to t bur	Anne Hospital where she was D.O. A.
This certificate should be executed within 24 licate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's d be used as a buriol-transit permit. File pages or removal, and in any event within 72 hours	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
certification or war used moval	190. DATE OF OPERATION 196. COND.TION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO IN THE COND.TIME OF INJURY Month, Day, Year 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Day, Year 211. HOW INJURY OCCURRED (Finite nature of injury in Part 1 or Part 2 Item 18)
his ote, ote, ote, ote, ote, ote, ote, ote,	WAS PERFORMED? YES \(\text{NO } \(\text{NO} \)
恒 二	
INER: Te certific should be files.	KAUSE OF DEATH P.M. 19
	ZId INJURY OCCURRED WHILE NOT WHILE NOT WHILE (actory, affice building, etc.) 21f LOCATION Street at R.F.D. No. City of Town County State
You you you ge Pag	AT WORK LI AT WORK LI
AL For For Forming Management of Programme Cox.	22a certify that I taak charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [], and in my opinion
Se e scroon ned ned o bu	death resulted fram: Natural causes 🛴 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗍
pleose pleose retoined to bridge to b	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER
A A Serol	SIGNATURE M.D. ASS STANT MEDICAL EXAMINER
no DEPUTY SICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retoined for your TO FUNERAL DIRECTOR: Page Health, prior to buriol, crem	EXAMINER'S Robert W. Farr, M. D. DEPUTY MEDICAL EXAMINER 1/30/69 ADDRESS(Street, city, town, or county)
nece the 5 mc	230 BLRIA., (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (C ty or Town) (County) (State)
^	Burial Feb. 2, 1969 St. Pauls Cemetery Chestertown, rural, Kent, Md.
A.	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
VR A15ME (5) 1 10M REV 1/68	Edward Fellows & Sen, Millington, Md. 21651 DATE FEB 3 1989 June Yunga

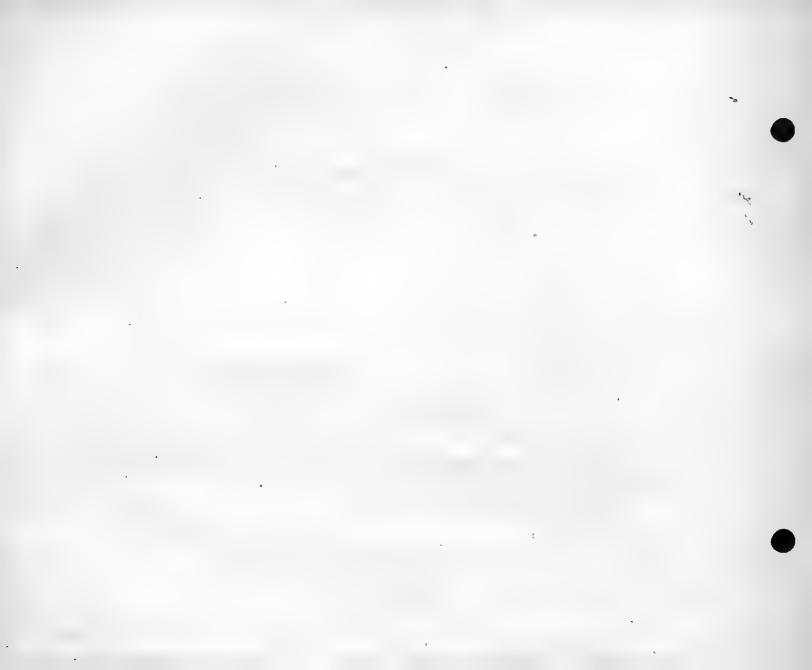
MAKTLAND STATE DEPAKTMENT OF HEALTH



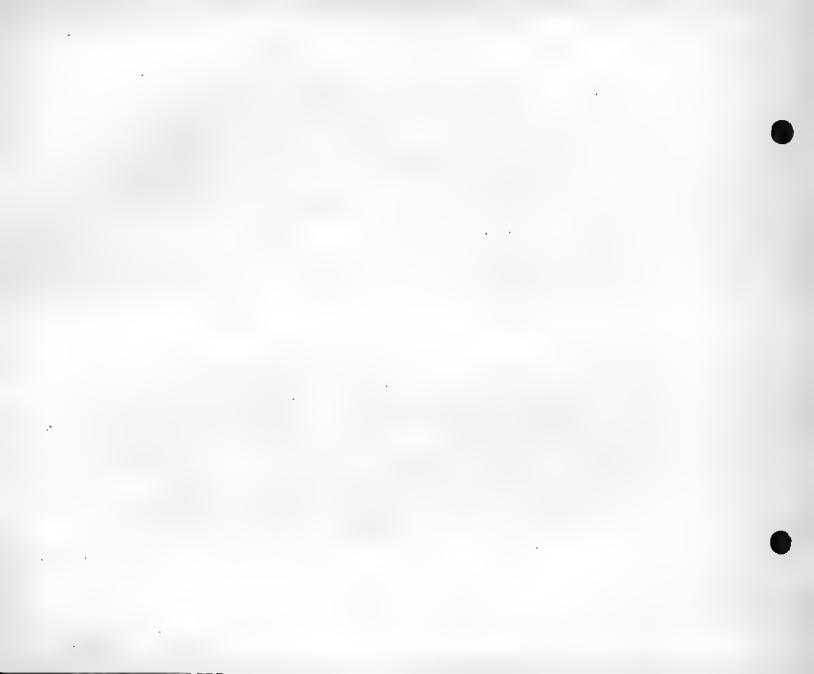
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Pages ors afte	3 S	Female	4 RACE Whit		S. DATE OF BIRTH 3/20/2	5	6 AGE (in years lost birthday)	IF UNCER I YEAR MONTHS DAYS	IF JHOER 24 HRS HOURS MIN
within 72 haurs	7o. cou	BIRTHPLACE (State or foreign http://maryland	76 CITIZEN OF WHAT O	Hysn	RIED NEVER MARRIED WED DIVORCED		ry of Death an t		Md
	10	Chestertown	give street	t and Ouce	n Anne's	ow to team painth	ATION (Kind of work done rking life, even if retired) viite	126 KIND OF E	ILSINESS OR
17	130 odm	USUAL RESIDENCE (Where deceosission) STATE Md	ed lived, if institution 13b COUNTY	Residence before, 13c. (4)	IPNIW gtor	NO DE CLA "WIZE I	3e STREET AND NUMBER (not know		
por ja			M'ddle naniel Edw	lost ards	IS MOTHER'S MAIDEN	Mary Ev	M.ddle 7a O'Neal		Lost
	160 Y	WAS DECEASED EVER IN U.S. ARA		SOCIAL SECURITY NO 18-220-4521	17 INFORMANT Hospita	l Chart	Address		
17	W	Conditions, fory which gove use to immediate course (o), stating the underlying course lost. PART 2. OTHER SIGNIFICANT COM	DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUENCE OF	carr, R	C.'MO!	GIVEN IN PART I(0)		MO J
, Ang.	CERTIFICATION			PERATION WAS PERFORME	YES [NO C	Ob IF YES, WERE FINDINGS AUSES OF DEATH?		RTIFYING
	3	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OCATI (If either, notify medical examir	HOUR A.M. Mo	onth Doy Year			finjury in Part 1 or Part 2	, Item 18.)	
	W	White Not while of work			If LOCATION Street or F		City or Yown	County	Stote
		22a. I certify that (I) (thi saw the deceased al causes stated abave	s hospital) attende ive an	d the deceased from	and that in (my) (a	, 19 69 , to	ath accurred an the a	9 <u>69</u> , that late and havr a	(I) (we) last nd fram the
		22d. PHYSICIANS NAME (Type) Arth	or T. Kee	L MUS.	22e ADDRESS	MED DIRECTOR	STAFF PHYS.	DATE SIGNED 1.26	.69
0	230 B	BUR AL CREMATION, 23b C REMOVAL (Specify) Jan	ATE 1, 28, 1969	23c NAME OF CEMETER Massey Ce		23d. t0 Mas	CAT ON (City or Town)	(County) Kent	(Stote) Md.
-0-		FUNERAL DIRECTOR Edward Fellows	& Sen, Mi	ADDRESS llington, Md	4 4 4 5	RECID BY REGISTR	1969 2Sb REGISTRAR	SSIGNATURE	N. ,



2	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWNS Month Day Year 26 HOUR (Type or Print) Henry C. Merchant Tr
lay is 13 to Poge ent of	(Type or Print) Henry C. Merchant, Jr.
Po Po	3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR
2, and 3 PM3 Po pparithent	male white 5/6/37 31 YRS MONTHS DAYS MIN Jan 1 1969 Year 19
	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
Muth form	(Ountry) Maryland USA WIDOWED □ DIVORCED □ Kent
age b f h f	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
	hestertown great Queen Anne Hosp during most of working life, even if retired) INDUSTRY
fter de Gave l	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER
· · · · · · · · · · · · · · · · · · ·	odmission) STAMMaryland 13b (OUNTY Kent Kennedyville IS IN NO IX (Locust Grove)
hours Item_ Jand2 ofter o	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	Henry C. Merchant, Sr. Mildred Stoops
hin 24 ncil in niner's pages hours	140 WAS DEFEASED EVED IN HIS ARMED EXPERS? 144 COCIAL SECURITY NO. 17 INFORMANT ADDRESS
	(Yes no. ar unknown) (If yes gove war or detes of service) 216 48 7336 Henry Merchant Sr. Kennedyville, Md.
Example File	APPROXIMATE INTERVAL
be executed "pending" in nief Medicol E ansit permit. F event within	PART I DEATH WAS CALISED BY
din din hed	
e e e pen af A sit	Conditions, fory, which gave) Barbiturate intoxication about 48 hours
d b Chiid	rise to immediate cause (a).
should be to word "peloo the Chief" buriol-transit	stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF
This certificate should be executed total, writing the word "pending" in the forwarded to the Chief Medical E be used as a burial-transit permit. For removal, and in any event within	
ficate ing the ded to as a b	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)
rtifi ritir val.	190 DATE OF OPERATION 196 COND T ON FOR WAIGH OPERATION 20 AUTOPSY?
te, writin forward e used ar	WAS PERFORMED?
be et . ,	190 DATE OF OPERATION 190 COND T ON FOR WHICH OPERATION 190 COND T ON FOR WHICH OPERATION 20 AUTOPSY? YES NOTE 21a EXTERNAL ABSE WAS 21b TIME OF INJURY Month, Doy Yeor 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B)
.E & S	
INER: e certif should files. 3 should	PRIMARY PRIMARY PRIMARY PRICONTRIBUTING W HOURAM CALSE OF DEATH P.M. 12/30 1968 Salfadminshile 4 sees please of the seather 10×1/1, grains 21d N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or RFD No. City or Town Coughty State
	WHILE NOT WHILE
DEPUTY SICAL EXAMINER: ressory, please execute the cert of funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremotion	AT WORK LI AT WORK LI POLL MULL.
2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	220 certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀 Inquiry, and in my opinion
please e director retained DIRECT	death resulted from Notural couses, Accident, Suicide, Homicide, Undetermined manner
lease direction of the state of	CHIEF MEDICAL EXAMINER
TO DEPUTY necessory, please est the funeral director. 5 may be retained. TO FUNERAL DIRECTOR. Health prior to burner to burner.	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 1/2/69 1/2/69
D DEPUTY, he funero S may be S FUNERAL Heolth pri	EXAMINER'S RODert W. Farr Kent Co.
m m m m m m m m m m m m m m m m m m m	NAME (Type) Chestertown Md ADDRESS(Street, city, town, or county)
5 = 4 × 5 ±	230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	Burial 1/4/09 Chester Cemetery Chestertown, Md.
VR A15MELET	24 FUNERAL DIRECTOR () () () () () () Chestertown, Md. 250 REGISTRAS GHARDERS GHARDE
10M REV 11 68	DATE
· · · · · · · · · · · · · · · · · · ·	



	1	AN AN AL MA		MARYL	AND STATE	DEPARTMENT OF I	HEALTH			
		00973	DIVISION OF V	ITAL RECORE	OS, 301 W. F	PRESTON STREET, BALT	IMORE, MARYLAND	21201	0971	
	_				CERTIFIC	LATE OF DEATH				
ath.		ECFASED NAME First (ype or pnnt)		Middle		Lost	2c. DATE OF DEATH	D	V	2b. HOURA
tours after death. by the funeral y Pages 1 and 2 yours after death.	`	Doro		Mak	Mae	Newsome	Jan. 20,	1969 ^{Day}	Yeor	10:10
ter s to fter fter	3 S		4 RACE			S. DATE OF BIRTH	6 AGE (In	vears	IF UNDER I YEAR	IF UNDER 24 HRS
s af the tage rs a		Female	White			Sept. 3, 19	1.1 lost birth	YRS.	MORTHS DAYS	HOURS MIN
24 hours after death 29 in by the funeral persy Pages 1 and 2	70.	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED	9 COUNTY OF DEATH			
4 hour	(00	Maryland	US		WIDOWED		Kent Co.,			Md
	10	ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OF	NSTITUTION (IF	not in hospital 120 USU	AL OCCUPATION (Kind of w	rock dane	125 KIND OF B	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campiletery are a shauld be detached for use as the burial-transit permit. Then please remave cobon ped with the State Dept of Health prior to burial, cremation, ar remaval, and in any event, within		Chestertown				s Hospitaling m	ost of House en 1972	f retired)	INDUSTRY	
pa ta start	13e.	USUAL RESIDENCE (Where deceases	ed lived, if institution	Residence befo	ore 13c CITY OF	R TOWN 13d INSIDE CTY I	MITS? 13e STREET AND N	UMBER		
# # # # # # # # # # # # # # # # # # #	UQ/E	Maryland	136. COUNTY Quee	n Anne	Sudle	rsville YES NO	Rt. #1			
exe emo	14	ATHER'S NAME First	Middle	i,as		S MOTHER'S MAIDEN NAME F	ırst	Middle		Last
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we as a retained by the hospital or attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director page 3 shauld be detached far use as the burial-transit permit. Then please remave calculated with the State Dept of Health prior to burial, cremation, ar remaval, and in any event,		George	Walter	Goi	rsuch		zabeth		Ritmi!	ller
sicia Seas	160	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 16	6 SOCIAL SECUR	TY NO 17	INFORMANT		Address		
ohy:		es, no or unknown) (II yes give w				Hospital Rec	ords Cheste	rtown.	, Maryla	and
ng r		18 CAUSE OF DEATH (Enter on	ly one cause per line t	or (g), (b), and		-7-1			APPROX M	ATE NTERVAL SET AND DEATH
ar re		PART I DEATH WAS CAUSED	D BY NTE CAUSE (a)	Mica A	ino 1	0/20120			3/4	10
affe on,		441 9	DUE TO, OR AS A	CONSEQUENCE	OF					
the the sait partition		Conditions, if any, which gave	(b)	•						
that in. by tan! rem	ì	rise to immediate couse (a),(stating the underlying couse(DUE TO, OR AS A	CONSEQUENCE	OF					
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duit phy i gn i gn i nuc		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTIN	G TO DEATH BU	NOT RELATED T	O THE TERMINAL DISEASE OR O	ONDITION GIVEN IN PART 1	(a)		
The law requires the attending physician. has been s gned by se as the burial-trar in priar to burial, cre	=	Proba	ale x	Decker.	Ven1	welleter-	,			
lav endi i be is ti	CERTIFICATION	9a DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS		20g AUTOPSY?	20b. IF YES, WERE		NSIDERED IN CER	T FYING
The aff	Ĭ					YES NO	CAUSES OF DEATH?			
or o		21a ACCIDENT WAS UNDERLYIN			21c H	OW INJURY OCCURRED (Enter	nature of injury in Port 1	or Port 2, it	tem 18.)	
CA 是是是是 完工	ਭ	OR CONTRIBUTING CAUSE OF OEAT		Month Day Ye	90r					
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate le 3 shauld be detached far u ed with the State Dept of Healt	WED	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT	HOME, FARM, STREFT		OCATION Street or R.F.D. No.	City or Town	-	Caunty	State
he I this De		While Not while at work	100	FILE BUILDING, EIL			·			
ING Dy the ter tate		22a. I certify that (I) (th	is hospita i) attend	led the dece	ased fram_1	an 20 19_6	Q. 10 Tan 26	0 . 19	60 that	(I) (wa) last
ND Set be Id be		22a. I certify that (I) (the saw the deceased a	ive an Jan	20	_19_ 6.9 , an	d that in (my) (aur) api	nian death accurred o	in the dat	e and haur a	nd fram the
A TITE		causes stated above	, (I) (we) (did) (di	d nat) view t	ne bady after	death.				
With With	1	226 SIGNATURE	1/1000	1	12	ATTENDING N	NED CT STAFF O	22c D	ATE SIGNED	60
Doll be		and appropriately	100	160	DEGI	REE PHYS D	RECTOR D STAFF (7 /	700	
May SAL po po po po fi		22d PHYSICIAN'S NAME (Type) H. P.	Ross, M.	D		22e ADDRESS	Manual and	1		1
Page 4 may be refained by the hospital or TO FUNERAL DIRECTOR: After this certificate director page 3 shauld be detached far up Shauld be filed with the State Dept of Healt	-	IL o I			00.00		wn, Maryland			
H dge	230	BURIAL (REMATION, 23b. I	ATE ./23/1969		OF CEMETERY OR	Cemetery	Chesterto	own)	Md.	(State)
E- 2 0 K	24	BULLATIA 1	/ Z3/ I309	ADDR						
VR A S A	24	H DiVO	3000 -		ertown	, Md. DATJAN	23 1969 7	EGISTRAR S	Tage Contract	pe.





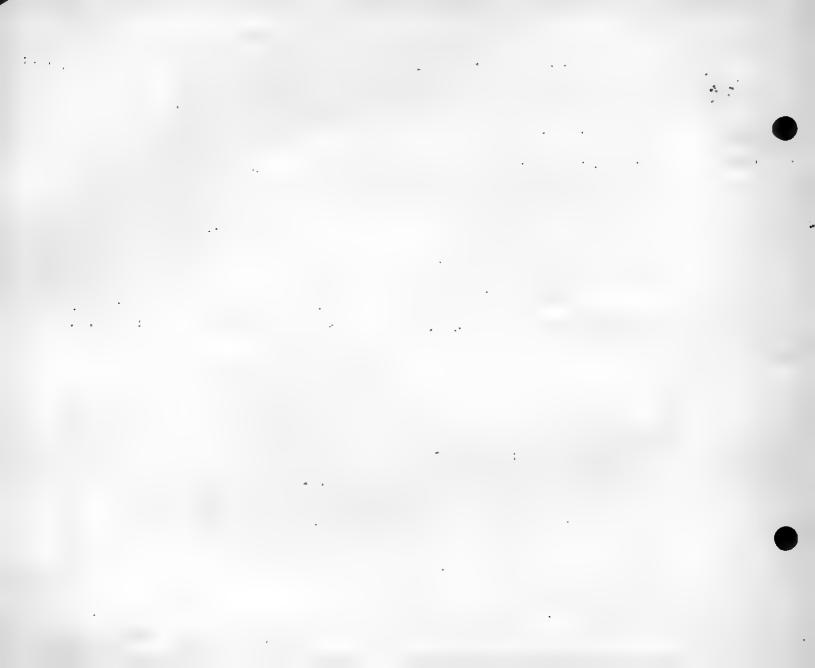
_	MARILAND STATE DEPARTMENT OF HEALTH
,	00975 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 00973
4 _ 24	1 DECEASED NAME First Middle Lost 2a DATE OF DEATH / 2b HOUR
death and death	(Type or print) ETHEL PETERMAN JANUARY DOB 1969/1/30M
- 12 m	3 SEX 4. RACE , S. DATE OF BIRTH 6 AGE (n years IFUNDER YEAR] IF UNDER 24 HRS.
1 1 2 3 3 3	MONTH'S DAYS HOURS MIN.
5 5 5	
Poor Poor	70 BIRTHPLACE (Stote or fore-gn 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d iii	MARYLAND USA WIDOWED DIVORCED NENT MA
in all part .	10 CPT) OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital during most of everking life, even it retired.) 12 USUAL OCCUPATION (Kind of work done during most of everking life, even it retired.) 13 NAME OF MOSPITAL OR INSTITUTION (If not in hospital during most of everking life, even it retired.) 14 NAME OF MOSPITAL OR INSTITUTION (If not in hospital during most of everking life, even it retired.)
± ₹ ₹ E T	ROCK - HALL give street oddress) - X X during mast of warking life even il retired INDUSTRY X X
d v d v lete cork	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN) 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
ond completely filled in Version funeral remove corban papers. Pogger and 2 nony event, within 72 hoors after death	admission) STATE MARYLANDSCOUNTY ROCK HALLYES NO XX
execution on complete or only even	14 FATHER'S NAME First Middle Lost , IS MOTHER'S MAIDEN NAME First Middle Lost
0 - 0 - c	SAMUEL E, COLEMAN EMMA MULICA
sictory please , and i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address
ATENDING PHYSICIAN: The low requires that the death certificate stoined by the hospital or attending physician. CTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then pleas that the State Dept. of Health prior to burial, cremation, or removal, and	Yes, no, or unknown) 10 yes give war or deries of service) 186-09-9401 RALPH FENN-KOCK HALL MD.
ph ph	A APPROVIDED INTERVI
ing the man	TIN CAUSE OF DEATH (Enter only one couse per line for (a) 450 and (c))
end mit.	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) UMNOWING Education
off off on,	4122 DUE TO, OR AS A CONSEQUENCE OF A
the the sit p	Conditions, if any, which gove (b) (b) (at the Vascular)
tho by ron ren	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
es sicio	last. (c) Aplalinaran
AN: The low requires that the death certificate of a attending physicion. Sicote has been signed by the ottending physitar use as the burial-transit permit. Then phealth prior to burial, cremation, ar removal,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng an so to to to	z
ndi be be	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The low reattending hos been se os the h prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO ACCIDENT WAS UNDERLYING 21b. TIME OF IN HIRY. 12b. ACCIDENT WAS UNDERLYING 21b. TIME OF IN HIRY. 12c. HOW INVIERY OCCURRED. (Enter parties of injury in Part 1 or Part 2 Item 18.)
or of other salitimes	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
fico de F	3 □ OR CONTR BUTING □ CAUSE OF DEATH HOUR A.M. Month Doy Year
SICI spitch erriff leed 1	GOR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 2 1d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f, LOCATION Street or R.F.D. Na. City or Town. Caunty Slote
DING PHYSICIAI by the hospitol frer this certifice be detached for State Dept. of He	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f, LOCATION Street or R.F.D. No. City or Town County Slote
19	di work of work
by be Stall	22a. I certify that (I) (this hospital) attended the deceosed from (Lot 30, 1966, to Jan 2, 1969, that (I) (we) lost
ENG ed he he	sow the deceased alive an 1967, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (wo) (did not) view the bady after death.
T to the time of time of time of the time of t	226_SIGNATURE 22c. DATE SIGNED
OR ATTEND be retoined DIRECTOR: A je 3 should ed with the §	DEGREE PHYS DIRECTOR PHYS. 115/69
	22d. PHYSICIAN'S A
FOGE 4 MOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	NAME (Type) NORBERT-CNITSCH MOCK-HHU- MA
OSI UNE Coto	230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d JOCATION (City of Town) (County) (Stone)
Pog Hog dire	BURGAN JAN. 6 NORTHWOOD PHILADELPHIA PA.
	24 AUNERAL DIRECTOR ADDRESS /
VR A15 (4) 30M REV, 1/68	Edgard, Jake = CHURCH HILL MP. PATER a com orlinger under
	Charles of the Charle

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*	1	0.0.0.17		ID STATE DEPARTMENT OF		
	ı	20973		. 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	IIMORE, MARTLAND 21201	00974
death ond 2		ECEASED-NAME First Type or print) ED J	ITH LOUISE	SHEARER	Jan. 26, 1969	Year 4:45 M
baurs after death hey he Toneral pers Pagers and Zhou's Coddath	3. 5	female	4. RACE White	s. DATE OF BIRTH 10/21/1871	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
Thought the state of the state	Ne	w York City	'b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH Kent	Md
Mithin 17	1	city or town of DEATH cural Chestert	own Mitchell I	Nursing Home Ti	DAL OCCUPATION (Kind of work done nost of working life, even if retired) brarian	126 KIND OF BUSINESS OR INDUSTRY
e executed with	130	USUAL RESIDENCE (Where deceosed issian) STATE Marylan	lived, if institution. Residence before	13c CITY OR TOWN 13d HISTOE CITY	IMITS? 136 STREET AND NUMBER Rural	
be exe	14.	George L.	Shearer Lost	1s Mother's Maiden Name Mary W. R	First Middle Cetcham	Lost
tificate hysiciai n pleas vai, and	160	WAS DECEASED EVER IN U.S. ARMEI			llogg Smith Che	Md. estertown, Mo
Page 4 may be retained by the hospital or attending physician. To Funeral Directors. After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbank should be filled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED: IMMEDIATE Conditions, if any, which gave) rise to immediate cause (a).	one cause per fine far (a), (b), and (c) BY E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	Imonon Edem This Vascus	id	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
urres tho hysician. gned by rrial-tran		iost.	DUE TO, OR AS A CONSEQUENCE OF (c) ITIONS CONTRIBUTING TO DEATH RUT N	Lypsealensian - a lot RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART (10)	
he law req trending p tas been si tas been si tas been si tas been si	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PI		20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
CIAN: Tiple or of the city of	MEDICAL CERT	2To ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examine)	HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Ent	er nature of injury in Port 1 ar Part 2, I	tem 18.)
DING PHYSI by the hosp (fer this cer be detacher State Dept.	ME	While Nat while	LACE OF INJURY (AT HOME, FARM, STREET, FJ OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. N		County State
TTENDING ained by the OR: After nould be on the State		22a. I certify that (l) (this saw the deceased aliv causes stated abave,	hospital) attended the decease we an Jan 25 (I) (We) (did) (did Not) view the	ed from Jan 2 , 19 19 69 , and that in (my) (aur) ap bady after death.	69 , ta Jan 20 , 196 Dinian death accurred on the da	te and haur and from the
		226. SIGNATURE CAN VETV C 228 PHYSICIAN'S	Tutsih m	DEGREE PHYS Z		DATE SIGNED ./26/1969
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	23a	NAME (Type) Norbe:	NTE 23c NAME OF	22e. ADDRESS H.	23d LOCATION (City or Town)	(Caunty) (State)
VR A15 (0)	24	BUZIAI 1/2 FUNERAL DIRECTOR	ADDRES!		near Chestert	
30M REV. 1748		Julust	Welly offeste	rtown, Md. DATE AN	29 1969 Julian	The same of the sa



,, 1	١.	MARTEAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED-NAME First Middle .ost 2g DATE KNOWN TO Month Day Year 12b HOUR
is de do	(Type or Print) MERVA SCOTTEN SUTTON OF ESTI- DEATH MAYED Jan. 24,69 1 40
d ad	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF LINDER 1 VEAR IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR
PM3. Page	1	Temate white 12/10/1919 49 YRS Jan. 25; 1969 19/2 A M
-/8 8		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED SEVER MARRIED 9 COUNTY OF DEATH IT Kent Co. Md. TICA WIDOWED DIVORCED KONT
라 워크 아		USA WIDOWED DIVORCED Kent Md. IT NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
9 2 7 11	1	ear Chestertown give North on # 213 during most of warking life, even fretred.) INDUSTRY Housewife
offer deoth 8. Give Poor olong with with thesta	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 13k CfTY OR TOWN 13d. INSIDECITY LIMITS? 113e, STREET AND NUMBER
INER: This certificate should be executed within 24 hours ofter to extrificate, writing the word "pending" in pencil in Item 18. Give should be forworded to the Chief Medical Examiner's Office olong files. 3 should be used as a burial-transit permit. File pages 1 and 2 with thotian, or removal, and in any event within 72 hours ofter death.	0	dmission) STAFE Md. 13b COUNTY Kent Kennedyville YES □ NO KIK
24 hours in Item I r's Office es land2	14	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
ris or ri		Harry Scotten Mamie Chrisfield WAS DECEASED FUEL IN 11 S. APPARED FORCES DAYS SCHIPLTY NO. 172 INFORMANT ADDRESS RFD
hin 24 nal in niner's pages hours		Who are seen as the seen as th
I be executed within 24 hours a "pending" in pencil in flem 18 chief Medical Examiner's Office ransit permit. File pages 1 and 2 y event within 72 hours ofter d		IIO IIIO
if it.		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple severe injuries to head
be execute "pending" iief Medica iist permit event with		Lery on as a constrourner of and chest
per ief / ief /		(onditions, if only, which gave) Automobile : coident 1/24/69 at 11:40 P.M.
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should be executed ne word "pending" is the Chief Medical burial-transit permit.		last. (c)
XAMINER: This certificate should be te the certificate, writing the word "pege 4 should be forworded to the Chief your files." age 3 should be used as a burial-transic cremotion, or removal, and in any every		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
rifica nting order d as	8	
his certif ate, writi e forwon be used r removal	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 ALTOPSY? WAS PERFORMED?
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EXAMINER: cute the cert age 4 should ge 4 should rey your files. Page 3 should it, cremotion, I, cremotion.		WHILE NOT WHILE K CATTY Office building and le US Rt. 213 Rural Kent Maryland
SICAL EXA please execute director. Page etained for you DIRECTOR: Page or to burnol, cre		22a. I certify that I taak charge of the remains described above, held an Autapsy 🗍, Inspection 🔀, Inquiry 🗍, and in my opinion
Sical se exector. Profession of the second o		death resulted from: Natural causes 🔲 , Accident 🔀 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲
Ty please stol direct be refaine (AI DIREC		ACTUAL STATEMENT CHIEF MEDICAL EXAMINER CONTRACTOR STATEMENT
ny, y ry, y erol be r RAL prik		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (
TO DEPUTY BICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR. Page Health prior to buriol, crem		MANUEL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T
o Di the S m	230	BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23c 10CATION (Gly or Town) (County) (Stote)
()	F	Rivial 1/28/69 Chester Cemetery Chestertown, Md.
VR A15ME ISW	24	Chestertown, Md. DATE JAN 29 1969 Clienter Quest
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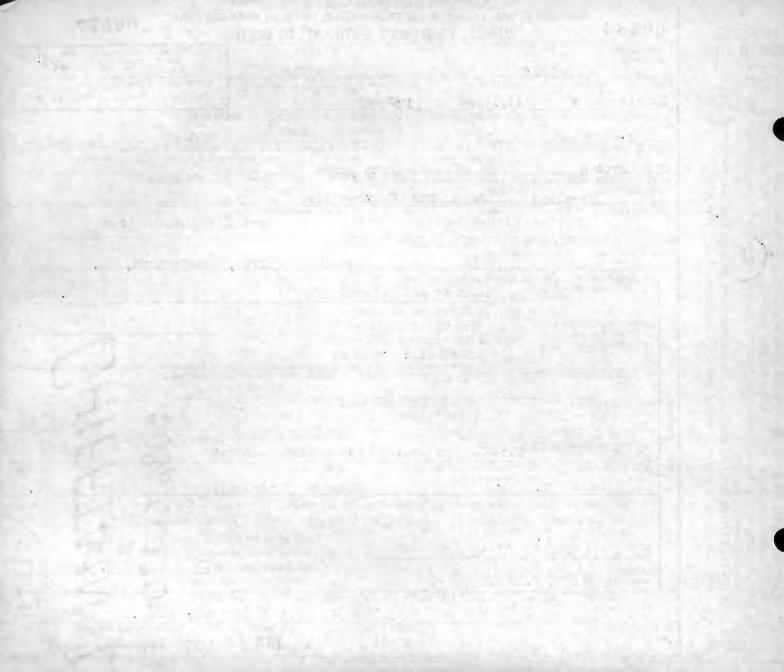


MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 60376 1969 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First Middle 20 DATE KNOWNER Month (Type or Print) ROBERT SUTTON Page ment of DEATH MATED Jan 16 AGE (In years 3 SEX 4 RACE S DATE OF BIRTH IF LINDER 1 YEAR IF JNDER 24 HRS. 2c DATE PRONQUINCED DEAD 2, ond 9/9/1913 male white 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH country)Kent Co. Md. USA WIDOWED F DIVORCED | Kent 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in hospito 120. USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) Kent & Queen Anne INDUSTRY Chestertown TI30 MISIDE CITY . MITS? 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN odmission) STATE Md . 13b COUNTY Kent Kennedvville YES □ NO KX be executed within 24 hours and 2 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Mary Pennington George W. Sutton 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO (Yes, no, or unknown) Richard Sutton - Cecilton, Md. 09 5890 no event within 72 APPROX MATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH permit PARTI DEATH WAS CAUSED BY Multiple severe injuries to chest due to auto accident DUE TO, OR AS A CONSEQUENCE OF 15 hours Conditions, if any, which gave) rise to immediate couse (a), writing the word certificate should DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) cremotion, or removal, 190 DATE OF OPERATION 19b COND T ON FOR WHICH OPERATION 20. AUTOPSY? CERTIFICAT WAS PERFORMED? YES T NO TO 21o EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter notute of injury in Port 1 or Port 2, Item 18.) PRIMARY [X] OR CONTRIBUTING 24 19 69 Auto accident CAUSE OF DEATH 211 LOCATION Street or R F D. No. 2 d N. URY OCCURRED 21e PLACE OF INJURY (At home, form, street, City or Town County State near Kennedyville (rural) Kent Md. 22a | certify that I taok charge of the remains described above, held an Autopsy | 1, Inspection | 12th Inquiry | 1, Inqui and in my apinion Natural causes , Accident X, Suicide , Hamicide Undetermined manner death resulted fram CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASS STANT MED CAL EXAMINER 1/25/1969 Robert W. Farr Kent Co. DEPUTY MEDICAL EXAMINER TY **EXAMINER'S** 5 moy | O FUNE ADDRESS(Street, city, town, or county) Chestertown Md 23d LOCAT ON (City or Town) 230 BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 1/28/1969 Chester Cemetery Chestertown, Md. Burial Chestertown, Md. 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00977 00983 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) delay). nd 3 ta Page ESTI-Jan DEATH MATED BONNIE LOU 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 2c DATE PRONOLINCED DEAD 2d. HOUR PM3. Month Tan Day 25 10 69 same Female 11/14/54 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm MARYLAND WIDOWED DIVORCED Give Pages Kent and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital after death 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office alang with give street address? during most of warking life, even if retired.) INDUSTRY Chestertown Kent & Queen Annes STUDENT 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ueen Anne 24 hours of in Item 18. YES NO Centreville Maruland offer 14. FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Orville Fisher Walls Mary Eleanor Usilton haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS be executed within (Yes, no. or unknown) (If yes give war or dates of service) Hospital records. Chestertown File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND GEATH permit. CAUSED BY: IMMEDIATE CAUSE (o) Intracranial bleeding PART I. DEATH WAS CAUSED BY: onours event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave Fractured skull 5 hours rise to immediate cause (o) certificate should writing the word DUE TO, DR AS A CONSEQUENCE OF stating the underlying cause Automobile Accident .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) nsed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES [pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING SICAL EXAMINER: Automobile Accident crematian, Jan 25,068 CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE Kennedyville (rural) Kent Md. Rte 213 burial 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inspection XX Inquiry . ond in my opinion Accident2000 Notural couses Suicide Homicide Undetermined monner deoth resulted from: prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Jan 25, 1969 DEPUTY MEDICAL EXAMINER 5 may O FUNE Health **EXAMINER'S** W. ROBERT ADDRESS(Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) CHESTERFIELD 28 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00983 CERTIFICATE OF DEATH 00978 1. DECFASED-NAME lost 20. DATE OF DEATH Middle 2b. HOUR 24 hours after death (Type or print) Charles Henry Wilkerson .. January 8 6:20M signed by the attending physician and completely filled in by the fur buriol-transit permit. Then please remove-carbon papers. Pages 1 buriol, cremation, or removal, and in any event, within 72 hours after 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNCER I YEAR IF UNDER 24 HRS. in by the Poges lost birthday) MONTHS DAYS HOURS Male Negro August 26, 1896 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Countryland US DIVORCED WIDOWED X Kent Co.. filled i 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. KIND OF BUSINESS OR give street address)
Kent & Queen Anne's Hospital Farming INDUSTRY Chestertown 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed Mary land 13b. COUNTY NO Sc Kent Millington None 14, FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Middle Lost requires that the death certificate be Samuel Wilkerson Sara Charles Thomas Mandy 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, ar unknown) (If yes give war or dates of service) Hospital Records 217-16-9158 Chestertown. Maryland 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock. due to paralytic ileus 56 hrs. DUE TO, OR AS A CONSEQUENCE OF Cystostomy due to Acute urinary retention Conditions, if ony, which gove) days rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Carcinoma of the prostate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ha) Arteriosclerotic cardiovascular disease has been s use as the prior to ATTENDING PHYSICIAN: The low 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 1-3-69 Acute urinary retention YES I NO X TO FUNERAL DIRECTOR: After this certificate ha director, page 3 should be detached for use should be filed with the Stote Dept. of Health 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIRY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram Jan 3 , 19.69 , ta Jan 8 , 19.69 , that (I) (we) last saw the deceased alive an Jan 8 19.69 and that in (my) (aur) opinion death accurred an the date and haur and fram the TO HOSPITAL OR ATTEND Poge 4 moy be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. 1-8-69 DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) A. C. Dick, M.D. Chestertown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State). de | CEMETER1 REMOVAL (Specify) 96 MARY ADDRESS 24. FUNERAD DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISLRAR'S SIGNATURE

MAKTLAND STATE DEPARTMENT OF HEALTH

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